



Company Name:

Company Address:

Tel: Fax:

Website:

Contact Name:

Contact Position:

Contact Email:

General

a) Please indicate the number of years you have been in operation:

b) Please confirm the details and vetting experience of your staff authorised in the approval of potential hirers

| Name | Age | Position in Company | Experience |
|------|-----|---------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Please also provide full details of any claims/convictions separately)

c) Are you a franchise licensee? YES NO

If YES, please give details:

d) What is the current basis of Insurance rating?

- Premium per Vehicle? YES NO
If yes, please provide Premium:
- Hiring Charges? YES NO
- Rental Days? YES NO

e) Name of current Insurer: Policy No.

Renewal Date: Policy Excess:

f) Does the current Insurance policy cover vehicles whilst NOT on hire?

YES NO

If NO, please give details:

Drivers / Hirers

a) For all persons who will drive and/or hire vehicle(s) from you, do you:

- obtain a supplementary proposal form? YES NO
If YES, please provide a copy.
- check and take a copy (digital) of the hirers driving licence?
 YES NO
- in addition to the licence, what other forms of ID do you check and take copies of?

Copy of Driving Licence Utility Bills (x2) Credit/Debit Card Swipe

Electoral Roll Digital Photograph of Hirer and Drivers

Other (please provide details)

- ensure any convictions and date of birth on the licence match those on the supplementary proposal form?
 YES NO
- establish intended use in addition to occupation?
 YES NO

b) Approximately what percentage of hirers are:

UK Residents Visitors from USA & Canada

Within EU Non EU Other Overseas visitors

Security

a) Out of Hours/Off Hire security arrangements (please tick).

Locked/Secured Yard Wheel Clamps Security Patrols

24 Hour CCTV (please provide name of system)

Other (please provide details)

Operations

a) Please advise where vehicle keys are kept whilst on your premises.

b) Please advise the procedures when hirers return vehicles/keys Out of Hours:

c) Do you allow your vehicles to be used overseas? YES NO

- can you estimate the number of vehicle days per annum:

Within EU

Outside EU

d) Do you anticipate your vehicles may be used for hire or reward?
(e.g. parcel delivery, courier work, private/public hire, multi-drop).

YES NO

If YES, please give details:

Turnover

a) Please provide confirmation of Turnover/rental/utilisation for each of the past 3 years.

| | Year | Total | COI | Hiring | Rental Days | Utilisation |
|-----------|------|-------|-----|--------|-------------|-------------|
| Year 3 | | | | | | |
| Year 2 | | | | | | |
| Current | | | | | | |
| Projected | | | | | | |

b) Do you undertake Credit Hire? YES NO
 If YES, what is the percentage of Turnover?

Additional Information

a) Do you use the services of an independent Accident Management Company?
 YES NO

If YES, please give details:

b) Please ensure that the following are attached prior to submission of this document:

- Full list of current vehicles
- Most recent claims experience from your current insurer

Important: The information you give on this form is relevant to our insurers' assessment of the insurance risk

Declaration

I / We declare to the best of my / our knowledge and belief that the statements and particulars contained herein are true and complete and no material fact withheld (see Duty of Disclosure statement below).

Duty of Disclosure – It is your duty to disclose all circumstances material to this insurance both before commencement and during the currency of the Policy and any subsequent renewal. Those are the facts which are likely to influence acceptance or assessment of the Insurance cover. If you are in any doubt whether a fact(s) is material you should do so, since failure to do so could prejudice any claim and/or invalidate the Insurance cover provided.

Signature

Date

Name

Position